

# CONFERENCE HOUSING

## 1998 IEEE MTT-S INTERNATIONAL MICROWAVE SYMPOSIUM



June 7–12, 1998 • Baltimore, MD

MTT-S • RFIC • ARFTG

Reservations may be made by phone, fax or mail and must be received by the Housing Bureau by May 11, 1998.

**Phone:**  
(800) 800-9230

**Fax this form to:**  
(301) 210-1182

**OR**

**Mail this form to:**  
MTDB/BACVA Housing Bureau, 12051 Indian Creek Court, Beltsville, MD 20705

### INSTRUCTIONS AND HOUSING BUREAU POLICY

1. Please print or type all data requested.
2. Reservations will be processed on a first-come, first-served basis.
3. All reservations require a \$150.00 deposit paid by check or guaranteed by credit card.
4. Phone and Fax reservations must provide credit card information. Checks provided for mail reservations should be made out to BACVA Housing Bureau.
5. You will receive an acknowledgment of your reservation from the Housing Bureau 7–10 days after your reservation is received.
6. Changes and cancellations prior to May 11 must go through the Housing Bureau.
7. Changes after May 11 must be made with your hotel.
8. Hotel cancellation policies vary. Generally, cancellations received by hotels at least 72 hours prior to scheduled arrivals qualify for deposit refunds, but you should check with your hotel to verify its policy.

### HOTEL PREFERENCE

**Hotel locations and rates are shown on the reverse side of this form.**

*Please write full name of hotel and show at least three choices.*

First choice \_\_\_\_\_ Third choice \_\_\_\_\_

Second choice \_\_\_\_\_ Fourth choice \_\_\_\_\_

If hotel choices are unavailable, which is most important: Rate \_\_\_\_\_ or Location \_\_\_\_\_ (please select one)

**Name** \_\_\_\_\_  
*First Last*

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State/Province** \_\_\_\_\_ **ZIP/Postal Code** \_\_\_\_\_

**Country** \_\_\_\_\_ **Daytime Phone** ( ) \_\_\_\_\_ **or FAX** ( ) \_\_\_\_\_  
*w/Int'l Country Code*

**Deposit paid by:** ☐ Check or Money Order ☐ MasterCard ☐ Visa ☐ American Express ☐ Check

**CARDHOLDER NAME (printed)** \_\_\_\_\_

**CARDHOLDER SIGNATURE** \_\_\_\_\_

**CARD NO.** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_

### ROOM OCCUPANTS

1. Print or type names of persons occupying each room. If more than three rooms are required, attach a list providing the information requested below for each additional room.
2. Select room type desired, indicate arrival and departure dates, and special requests (not guaranteed).

*Occupants (first name first)*

<b>ROOM NO. 1</b>	1.	Check one: <input type="checkbox"/> Single <input type="checkbox"/> Double (1 bed) <input type="checkbox"/> Dbl/Dbl (2 dbl beds) <input type="checkbox"/> Govt. Arr. Date: _____ Dep. Date: _____ <b>Requests:</b> <input type="checkbox"/> Smoking <input type="checkbox"/> Non-Smoking <input type="checkbox"/> Wheelchair Accessible <input type="checkbox"/> King
	2.	
<b>ROOM NO. 2</b>	1.	Check one: <input type="checkbox"/> Single <input type="checkbox"/> Double (1 bed) <input type="checkbox"/> Dbl/Dbl (2 dbl beds) <input type="checkbox"/> Govt. Arr. Date: _____ Dep. Date: _____ <b>Requests:</b> <input type="checkbox"/> Smoking <input type="checkbox"/> Non-Smoking <input type="checkbox"/> Wheelchair Accessible <input type="checkbox"/> King
	2.	
<b>ROOM NO. 3</b>	1.	Check one: <input type="checkbox"/> Single <input type="checkbox"/> Double (1 bed) <input type="checkbox"/> Dbl/Dbl (2 dbl beds) <input type="checkbox"/> Govt. Arr. Date: _____ Dep. Date: _____ <b>Requests:</b> <input type="checkbox"/> Smoking <input type="checkbox"/> Non-Smoking <input type="checkbox"/> Wheelchair Accessible <input type="checkbox"/> King
	2.	